

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

4		
O E E hour	06049948	
	SEC USE ONLY	

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMP	DATE RECEIVED
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Moes Shops at Sea Coast, LLC Membership Un:	its
Filing Under (Check box(ex) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	1
Moes Shops at Sea Coast, LLC Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12752 Lavender Keep Circle, Fairfax, VA 22033	<u>703-222-0207</u>
Address of Principal Business Operations (Number and Street! City, State, Zip Code) (if different from Executive Offices)	Tolephone Number (Including Area Code)
Brief Description of Business	
Manage a restaurant	
business trust   Himited partnership, to he formed	PROCESSED  OCT 2 5 2006  THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 at seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date in which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 fifth Street, N.W., Washington, D.C. 20549,

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the mamually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOS and that have adopted this form. Issuers relying on ULOS must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION-

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



and the same of th	The state of the s	E WENT THE	WITTER THOM BATA			
. Enter the information co	quested for the fall	owing:			•	
<ul> <li>Each promoter of the</li> </ul>	he issuer, if the iss	uer has been organized wi	thin the past five years:	5 1 687 F	a along of against account	time of the issue
<ul> <li>Each heneficial own</li> </ul>	ner having the now	or to vote or dispose, or dir	ect the vote or disposition t	1, 10% or more or	a crass or equity record	4
			corporate general and much	aging partners of t	PRESIDENTIAL INTEREST CO.	U
. Each general and m	ranaging partner of	Spartnership issuers.				
heck Box(cs) that Apply:	Promoter	Beneficial Owner	Recutive Officer	Director Director	General and/or Managing Part	ner
ull Name (I ast name first, i	f individual)					
James Mo						<del></del>
lusiness or Residence Addre 12752 La	ss (Numberand <b>vender Kee</b>	Street, City, State, Zip Co p Circle, Fair	fax, VA 22033			
thesk Box(cs) that Apply:	Promoter	Renoficial Owner	Executive Officer	☐ Director	General and/or Managing Part	iner
ull Name (Last name first, i	findividual) Allen Morr	icov				
Susiness or Residence Addre			ode)			
		p Circle, Fair				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Par	
full Name (Last name first.	lf individual)			<del></del> -		
Business or Residence Addre	ces (Number and	Street, City. State, Zip C	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Par	
ull Name (Last name first,	if individual)					
Rusiness or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)			
Check Box(cs) that Apply:	Promoter	Boneficial Owner	Executive Officer	Director	General and/or Managing Par	
Full Name (Last name first.	if individual)					
Business or Residence Adds	ess (Number and	Street, City, State, Zip C	orte)	<u> </u>		
Check Rox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Pa	
Full Name (Last name first.	if individual)		i			
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/o Manuging Pa	
Pull Name (Last name first,	if individual)		·			
Business or Residence Add	reas (Number and	1 Street, City, State. Zip C	(ndc)			
	(Use h	ank sheet, or copy and us	e additional copies of this	sheet, as necessor	y)	

100	080033200	and the control	http://co		ВК	HLAWROT	IN ABOUT	OFFERN	Grind (B)			地间底	<b>四种特性外外</b> 体。前
	11-1-1-3000 pt 15											YCN	NO
١.	Has the i	ssuer sold.	or does th	c issuer int	lend to seli	, to non-sc	creattea in	if Elican	ndet III Ol	1 <u>5</u> / 200000000000000000000000000000000000		u	
	•											\$ 6.0	200_
2.												Yes	No
3.	Does the	offering t	ocrmit John	ownership	of a singl	e unit?							
4.	commiss If a perso	sion <b>or sim</b> i on to be list list the na	lar remunci led is an ass me of the b	ration for so recipted per reker or de	olicitation son or age aler. If mo	of purchase nt of a broke re than five	rs in conne er or dealer (5) person	cuan with: registered s to be list	saics of sec with the Si ed are assoc	EC and/or v	with a state		
Ful	l Name (I	.ast name i	first, if indi	Answer also in Appendix. Column 2, if filing under ULOE.  ment that will be accepted from any individual?  It ownership of a single unit?  It ownership of a s									
Bu	siness or l	Residence	Address (N	umber and	Street. Ci	ty. State, Z	ip Code)						
		1 . 15		_1			· .		·			<del>.</del>	<del>-</del>
Nn	me of Ass	ncialed Br	oker at De	BICT									
Sta													
	(Check	"Ali States	n or check	individual	States)							□ vi	1 States
	AU	(AK)	AZ	ΔR	CA	CO	CT	DE	DC	FL	GA	HI	
			1A	KS	ΚY		ME						
	MI	(NE	NV								=		===
	सा	SC	SD	[TN]	[TX]	UT	VI	(VA)	LWA	' <u>W V :</u>	[WI]	W.T.	(FK)
Fu	il Namc (i	Last name	first, if ind	ividual)				_					
Ru	siness cr	Residence	Address (	Number an	d Street, C	lity, State, 2	Zip Code)						
Na	me of Ass	ociated Bi	roker or Do	alcr									_
Šī	ales in Wh	ich Person	Listed Ha	s Solicited	or Intende	to Solicit	Parchasers						
	(Check	"All State:	s" or check	individual	States)					.,		☐ AI	I States
	(AL)	AK	AZ	AR	[ÇA]	[CÕ]	(CT)	DE	DC	FL	CA		
		ĪN	ĪĀ		KY	LA	ME	MD	MA		MN		
	MT	NE	NV	[NH]			=	===					
	RI	SC	gs	TN	TX	ŪT.	VT	VA	WA	WV	(WI)	WY	<u>  PR  </u>
Fu	II Name (	Lest name	first, if ind	lividual)							· ·		
<del>-</del>	religione of	Ducidence	Address (	Number an	d Street (	Tito State	Zin Code)				<del></del>		<del></del>
וכו	79111 <b>1-3</b> 9 111	Remotite	11000000				<b></b>						
N	ame of As	sociated B	roker or De	coler .						-			
St	ates in Wi	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers						
	(Check	"All State	s" or check	t individua	l States)	· · · · · · · · · · · · · · · · · · ·		*····(*)* <b>4*****</b> ***		*****************		. 🗆 🛧	ll States
	AU	AK	[XZ]	AR	CA	CO							
		N	IA						-				
	MT	<u>जिंद</u> ी	(NY)										
	KI.	SC	(1)	نيتين			ب ب	L.C.	-7.75	لتت	سنب	تت	·

 232	C OFFERING PRICE NUMBER OF INVESTORS EXPLISES AND ISLOW		A later and a second
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange affering, check this box is and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	••		s
	Debt	»	
	Equity	<u> </u>	\$
	Common Preferred	_	S
	Convertible Securities (including warrants)	s	* 100,000
	Partnership Interests		
	Other (Specify)	\$	\$
	Total	\$	3 00,000
2.	Answer also in Appendix, Column 3, if filing under ULOE.  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		<b>.</b>
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	s 54,000
	Non-accredited Investors		s 54,000
	Total (for filings under Rule 504 only)		\$108,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	and the state of t	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	none	s0
	Regulation A		s0
	Rule 504		s0
	Total		s0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	c ·	
	Transfer Agent's Fees		; s
	Printing and Engraving Costs		
	Logal Foes	<u>N</u>	-
	Accounting Fees	<u>N</u>	\$
	Engineering Fees	§	\$
	Sales Commissions (specify finders' fees separately)		] S
	Other Expenses (identify)		-
	Total		s 2,000

C OFFERING PRICE MINIBER OF INVESTORS EXPENSES AND USE OF	CPROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted graph proceeds to the issuer."		s 106,000
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted gropproceeds to the issuer set forth in response to Part C — Question 4,b shove.	TI I O	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		_ 🗆 \$
Purchase of roal estate	<u> </u>	_ 🗆 S
n a de la la la de la compania del compania del compania de la compania del comp		
and equipment	🗖 \$	_ & \$ <u>70,000</u>
Construction or leasing of plant buildings and facilities	🗆 \$	_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
issuer pursuant to a merger)	[ \$	_ 🗆 S
Repayment of indebtedness	🗖 \$	_ 🗆 <b>\$</b>
Working capital	🗆 \$	_ <b>&amp;</b> \$36,000
Other (specify):		
	<del>_</del> -	
	🗆 S	_ 🗆 \$
Column Totals	S	_ 🗆 \$_10 <del>6_0</del> 00
Total Payments Listed (column totals added)	<del>_</del> :	106,000
TO THE RESIDENCE OF THE PARTY O		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this assignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Contice information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)  [Issuer (Print or Type)]  Signature	nmission, upon whill	ule 505, the folkowin ten request of its stat
poes Shops at Sea Coast, ILC	5/10	106
Name of Signer (Print or Type) Title of Signer (Print or Type)		,
James Morrisey (Manager		

l.	Is any party described in 17 CPR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	N° □
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	filed a no	tice on Forπ
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerces.	itlon furr	nished by the
4,	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be endimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classified exemption has the burden of establishing that these conditions have been satisfied.	ititled to iming th	the Uniform e availsbility
	uer has read this notification and knows the contents to be true and has duly eaused this notice to be signed on its beh thorized person.	aifby the	undersigne
Issuer (	Print or Type)  Stope at Sea Coustuc ame A. Monon 5/10/2	06	
Name (	Print or Type) Title (Print or Type)		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3	11.74.00	APPENDIK DE BENEFICIE DE LE CONTROL DE LE CO					
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes No	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK							l=			
ΑZ									_	
AR										
ÇĀ										
ÇO										
ÇT										
DE										
DC								_		
FI,										
GA										
HI						<u> </u>	ļ			
ID										
ΙL										
W										
IA										
K\$										
KY										
LA										
ме										
MD										
МА									1	
Mì					1					
MN					1					
MS		1					Ţ			

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Rem 1)		Disqualification under State ULOF (if yes, attach explanation of waiver granted) (Part E-Item 1)				
Stace	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
ΝĒ									_
NV									
NH								<u> </u>	
נא									
INM								_	
NY					<u> </u>				
NC									
ND					ι				ļ
он									,
OK									
OR									
PA									
RI									
SC									
5D									
TN	<del> </del>				,				
TX									
υT					,				
٧T	<del>                                     </del>			<b>-</b>	<b>1</b>				
VA	<del> </del>	<del> </del>							
WA	<del> </del>	\- <del></del>			1				
wv									
WI	<del>†</del>	<del> </del>		+	†				1

ı	Intend to sell to non-accredited investors in State (Part B-Item 1)		non-accredited offering price restors in State offered in state		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									